

## **EXHIBIT H**

E-Mail Us

Close

Please note that this email should only be used for feedback and comments specifically related to this particular medical policy.

**Horizon BCBSNJ  
Uniform Medical Policy  
Manual**

**Section:**

Treatment

**Policy Number:** 079  
**Effective Date:** 07/08/2008  
**Original Policy Date:** 02/25/2005  
**Last Review Date:** 09/13/2011  
**Date Published to Web:** 09/10/2008

**Subject:**

Manipulation Under Anesthesia

**Description:**

**IMPORTANT NOTE:**

*The purpose of this policy is to provide general information applicable to the administration of health benefits that Horizon Blue Cross Blue Shield of New Jersey and Horizon Healthcare of New Jersey, Inc. (collectively "Horizon BCBSNJ") insures or administers. If the member's contract benefits differ from the medical policy, the contract prevails. Although a service, supply or procedure may be medically necessary, it may be subject to limitations and/or exclusions under a member's benefit plan. If a service, supply or procedure is not covered and the member proceeds to obtain the service, supply or procedure, the member may be responsible for the cost. Decisions regarding treatment and treatment plans are the responsibility of the physician. This policy is not intended to direct the course of clinical care a physician provides to a member, and it does not replace a physician's independent professional clinical judgment or duty to exercise special knowledge and skill in the treatment of Horizon BCBSNJ members. Horizon BCBSNJ is not responsible for, does not provide, and does not hold itself out as a provider of medical care. The physician remains responsible for the quality and type of health care services provided to a Horizon BCBSNJ member.*

*Horizon BCBSNJ medical policies do not constitute medical advice, authorization, certification, approval, explanation of benefits, offer of coverage, contract or guarantee of payment.*

Manipulation of the spine while the patient is under general anesthesia or conscious sedation may be performed as a treatment for pain syndromes of musculoskeletal origin such as neck and back pain. The theory behind this approach is that it is sometimes necessary to anesthetize the patient to reduce muscle tone and to overcome the protective reflex mechanism, which may limit the success of prior attempts of spinal manipulation or adjustment in the non-anesthetized or sedated patient.

Spinal manipulation under anesthesia may also be accompanied by the following procedures:

- Manipulation under joint anesthesia (MUJA) - refers to manipulation of the spine after fluoroscopically guided intra-articular injections of anesthetic and/or corticosteroid agents.
- Manipulation under epidural steroid injection (MUESI) - refers to manipulation of the spine after epidural steroid administration.

Other body joints may also be additionally manipulated in conjunction with the spine while the patient is still under anesthesia.

**Policy:**

**I. Spine:** *[Please note that this medical policy is not intended to address the treatment of fractures or dislocations by manipulation under anesthesia, and examinations under anesthesia.]*

A. Spinal manipulation under anesthesia (MUA) is considered **investigational** for the treatment of pain syndromes of musculoskeletal origin including, but are not limited to, acute and chronic neck and back pain.

*[INFORMATIONAL NOTE: There is lack of evidence from available published literature that spinal manipulation under anesthesia has been established as a safe and effective treatment for pain syndromes of musculoskeletal origin.]*

*A North American Spine Society technical assessment which was published in the July/August 2002 issue of the Spine Journal concluded that "Medical assisted spinal manipulation therapies have a relatively long history of clinical use and have been reported in the literature for over 70 years. However, evidence for the effectiveness of these protocols remains largely anecdotal, based on case series mimicking many other surgical and conservative approaches for the treatment of chronic pain syndromes of musculoskeletal origin. There is, however, sufficient theoretical basis and positive results from case series to warrant further controlled trials on these techniques."*

*An ECRI review of the medical literature in August 2004 identified 2 controlled trials and several case series on MUA for low back pain. Neither of the controlled trials reported statistical comparisons between outcomes of the control group and the MUA group. Furthermore, ECRI concluded that the studies did not report sufficient data to be able to make such comparisons. Well-designed controlled trials with appropriate control groups are necessary to assess the true effects of MUA versus any contributory effects resulting from adjunctive therapies often given to patients undergoing MUA. In fact, the conclusion in one of the controlled trials stated that the MUA procedure warrants further analysis and large-scale studies.]*

B. Any associated MUJA (manipulation under joint anesthesia) and/or MUESI (manipulation under epidural steroid injection) is (are) also considered **investigational**.

*[INFORMATIONAL NOTE: According to Dagenais et al (The Spine Journal 2008) in their article on 'Evidence-informed management of chronic low back pain with medicine-assisted manipulation, "There is currently insufficient evidence to make any recommendations concerning MUA, MUJA, or MUESI for CLBP (chronic low back pain)".]*

**II. Other body joints:** *[Please note that this medical policy is not intended to address the treatment of fractures or dislocations by manipulation under anesthesia, and examinations under anesthesia (e.g., evaluation and manipulation of hip under anesthesia for possible loosening of the prosthesis and/or any associated peri-prosthetic infection.)]*

A. Manipulation under anesthesia (MUA) is considered **medically necessary** for the following indications when supported by unequivocal documentation in the member's medical records:

1. severe adhesive capsulitis of the shoulder (frozen shoulder) that is unresponsive to at least 3 months of conservative therapy that includes physical therapy and intra-articular corticosteroids;
2. arthrofibrosis of the knee with significant limitation in range of motion following trauma or surgery (e.g., ligament surgery, total knee arthroplasty) that is unresponsive to physical therapy.

B. Other indications for MUA of the shoulder or knee, and MUA of other body joints (e.g., hip, pelvis, ankle, elbow, wrist, temporomandibular joint) for any indication are considered **investigational**. There is insufficient data published in the scientific medical literature to support their safety and efficacy.

---

*Horizon BCBSNJ Medical Policy Development Process:*

*This Horizon BCBSNJ Medical Policy (the "Medical Policy") has been developed by Horizon BCBSNJ's Medical Policy Committee (the "Committee") consistent with generally accepted standards of medical practice, and reflects Horizon BCBSNJ's view of the subject health care services, supplies or procedures, and in what circumstances they are deemed to be medically necessary or experimental/ investigational in nature. This Medical Policy also considers whether and to what degree the subject health care services, supplies or procedures are clinically appropriate, in terms of type, frequency, extent, site and duration and if they are considered effective for the illnesses, injuries or diseases discussed. Where relevant, this Medical Policy considers whether the subject health care services, supplies or procedures are being requested primarily for the convenience of the covered person or the health care provider. It may also consider whether the services, supplies or procedures are more costly than an alternative service or sequence of services, supplies or procedures that are at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the relevant illness, injury or disease. In reaching its conclusion regarding what it considers to be the generally accepted standards of medical practice, the Committee reviews and considers the following: all credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician and health care provider specialty society recommendations, the views of physicians and health care providers practicing in relevant clinical areas (including, but not limited to, the prevailing opinion within the appropriate specialty) and any other relevant factor as determined by applicable State and Federal laws and regulations.*

---

**Index:**

Manipulation Under Anesthesia

**References:**

1. Kohlbeck F DC, Haldeman S DC MD PhD. Technical Assessment: Medication Assisted Spinal Manipulation. Spine Journal 2002 Jul-Aug;2(4):288-302.
2. Palmieri NF, Smoyak S. Chronic low back pain: A study of the effects of manipulation under anesthesia. J Manipulative Physiol Ther 2002; 25:E8-17.
3. Siehl D, Olson DR, Ross HE, et al. Manipulation of the lumbar spine with the patient under general anesthesia: evaluation by electromyography and clinical-neurologic examination of its use for lumbar nerve root compression syndrome. J Am Osteopath Assoc 1971 Jan;70(5):433-40.
4. ECRI. Windows on Medical Technology. Manipulation Under Anesthesia for Low-Back Pain. Issue No. 89. February 2003
5. ECRI Institute. Health Technology Assessment Information Service (HTAIS) Hotline Response: Manipulation Under Anesthesia for Low Back Pain. Updated 09/12/2007.
6. West DT, Mathews RS, Miller MR et al. Effective management of spinal pain in one hundred seventy-seven patients evaluated for manipulation under anesthesia. J Manipulative Physiol Ther 1999; 22(5):299-308.
7. Aspegren DD, Wright RE, Hemler DE. Manipulation under epidural anesthesia with corticosteroid injection: two case reports. J Manipulative Physiol Ther 1997; 20(9):618-21.

8. Ben-David B, Raboy M. Manipulation under anesthesia combined with epidural steroid injection. *J Manipulative Physiol Ther* 1994;17(9):605-9.
9. Guidelines for Chiropractic Quality Assurance and Practice Parameters: Proceedings of the Mercy Center Consensus Conference, Burlingame, CA, January 25-30, 1992. Haldeman S, Chapman-Smith D, Petersen DM (eds), Gaithersburg, MD: Aspen Publishers, 1993.
10. Herzogt J. Use of cervical spine manipulation under anesthesia for management of cervical disk herniation, cervical radiculopathy, and associated cervicogenic headache syndrome. *Journal of Manipulative and Physiological Therapeutics* 1999 Mar-Apr;22(3):166-170.
11. Dagenais S, Mayer J, Wooley JR, et al. Evidence-informed management of chronic low back pain with medicine-assisted manipulation. *The Spine Journal* 2008 Jan-Feb;18(1):142-149.
12. ECRI Institute. Health Technology Assessment Information Service (HTAIS) Hotline Response: Manipulation Under Anesthesia of Nonspinal Body Joints. Published: 07/15/2008.
13. Kohlbeck FJ, Haldeman S, Hurwitz EL et al. Supplemental care with medication-assisted manipulation versus spinal manipulation therapy alone for patients with chronic low back pain. *J Manipulative Physiol Ther* 2005; 28(4):245-52.
14. Dougherty P, Bajwa S, Burkke J et al. Spinal manipulation postepidural injection for lumbar and cervical radiculopathy: a retrospective case series. *J Manipulative Physiol Ther* 2004; 27(7):449-56.
15. Dreyfuss P, Michaelsen M, Horne M. MUJA: manipulation under joint anesthesia/analgesia: a treatment approach for recalcitrant low back pain of synovial joint origin. *J Manipulative Physiol Ther* 1995; 18(8):537-46.
16. Michaelson MR. Manipulation under joint anesthesia/analgesia: a proposed interdisciplinary treatment approach for recalcitrant spinal axis pain of synovial joint origin. *J Manipulative Physiol Ther* 2000; 23(2):127-9.

#### **Codes:**

(The list of codes is not intended to be all-inclusive and is included below for informational purposes only. Inclusion or exclusion of a procedure, diagnosis, drug or device code(s) does not constitute or imply authorization, certification, approval, offer of coverage or guarantee of payment.)

#### **CPT\***

00640  
22505  
21073  
23700  
27275  
27570  
27860

#### **HCPCS**

#### **ICD-9 Diagnosis**

## ICD-9 Procedure

\* CPT copyright 2011 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

---

*Medical policies can be highly technical and are designed for use by the Horizon BCBSNJ professional staff in making coverage determinations. Members referring to this policy should discuss it with their treating physician, and should refer to their specific benefit plan for the terms, conditions, limitations and exclusions of their coverage.*

*The Horizon BCBSNJ Medical Policy Manual is proprietary. It is to be used only as authorized by Horizon BCBSNJ and its affiliates. The contents of this Medical Policy are not to be copied, reproduced or circulated to other parties without the express written consent of Horizon BCBSNJ. The contents of this Medical Policy may be updated or changed without notice, unless otherwise required by law and/or regulation. However, benefit determinations are made in the context of medical policies existing at the time of the decision and are not subject to later revision as the result of a change in medical policy*

---